

## GUIDELINES FOR COMPLETING A DESE 4 (ITA PARTICIPANT TERMINATION REPORT)



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
EMPLOYMENT TRAINING SECTION (573) 751-7563 FAX (573) 526-5710

DESE 4

### INDIVIDUAL TRAINING ACCOUNT PARTICIPANT TERMINATION REPORT

P.O. BOX 480  
JEFFERSON CITY, MO 65102

<b>TRAINING INSTITUTION (PLEASE PRINT OR TYPE)</b>		
1. TRAINING INSTITUTION		
2. INSTITUTION ADDRESS		
CITY	STATE	ZIP CODE

1. Enter the name of your training institution.
2. Enter your training institution's mailing address. On the next line, enter the city, state and zip code of institution.

<b>PARTICIPANT DATA</b>		
3. NAME OF PARTICIPANT (LAST)	(FIRST)	(INITIAL)
4. SOCIAL SECURITY NUMBER		
5. PROGRAM TITLE FOR WHICH TRAINING WAS GIVEN		6. CERTIFICATION NUMBER (AS SHOWN ON DESE 6A FORM)

3. Enter the name of the student starting with last name, then first name, followed by their middle initial.
4. Enter the student's social security number.
5. Enter program title for which training was given.
6. Enter the 8-digit certification number; refer to the DESE 6a for this number.

<b>ATTENDANCE DATA</b>	
7. ATTENDANCE (MO., DAY, YR.)	
A. FIRST DAY	B. LAST DAY

7. A. Enter participant's first day of attendance.  
B. Enter participant's last day of attendance (either from completion of program, termination from program or drop date from program).

COMPLETION DATA	
8. CHECK ONE:	
<input type="checkbox"/>	Student completed all course objectives.
<input type="checkbox"/>	Student did not complete course.
9. CHECK ONE:	
<input type="checkbox"/>	I have billed DESE for all the Workforce Development costs associated with this student.
<input type="checkbox"/>	I have <b>not</b> billed and do <b>not</b> plan to bill DESE for additional costs associated with this student.
<input type="checkbox"/>	I have not billed but plan to bill DESE for additional costs associated with this student.
Explain:	

8. - Check the first box if student completed all course objectives.  
- Check the second box if student did not complete course.
9. - Check the first box if the institution has billed for all the Workforce Development costs associated with this student.  
- Check the second box if institution has **not** billed and does **not** plan to bill DESE for additional costs associated with this student.  
- Check the last box if the institution has not billed but plans to bill DESE for additional costs associated with this student. Any comments that would be helpful to DESE staff to process this 4, enter them into the explanation section.

I CERTIFY THAT THE INFORMATION REPORTED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF	
SIGNATURE	DATE
PRINT NAME	TELEPHONE NUMBER
COPIES OF TERMINATION: (1) File, (1) Dept Of Elementary & Secondary Education, (2) Referring Office And/Or Local Region	
MO 500-1242 (Rev. 3/08)	

10. Authorized signature and current date.
11. Printed or typed name of authorized signee and telephone number.
12. Copies of the DESE 4 need to be distributed to the following:
  - (1) Participant's file
  - (1) DESE
  - (2) Referring Office and/or Local Region

Mail the completed 4 form to DESE:

DESE  
Employment Training Section  
P.O. Box 480  
Jefferson City, MO 65102-0480

Or fax the completed 4 form to DESE at:

(573) 526-5710

We only need one copy of the DESE 4; please do not submit twice. Should you have any questions, please refer to our Administrative Procedures or contact our office at (573) 751-7563.